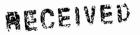**STATE OF CALIFORNIA**

DEPARTMENT OF INDUSTRIAL RELATIONS
SELF-INSURANCE PLANS

2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone No. (916) 483-3392
FAX (916) 483-1535

RECEIVED

DEC 1 6

RISK & INSURANCE
CITY OF SUNNYVALE

December 14, 2004

Certificate No   7264
Invoice No.   45654

City of Sunnyvale

INVOICE FOR FY 2004 / 2005 FOR DWC, DOI FRAUD INVESTIGATION, SIP LICENSE FEES AND SUBSEQUENT INJURY AND UNINSURED EMPLOYER TRUST FUNDS

I. WORKERS' COMPENSATION USER FUNDING ASSESSMENT:

BASE YEAR ANNUAL REPORT: PUBLIC SECTOR: 2004

A. PAID INDEMNITY AMOUNT ON ALL CLAIMS IN BASE YEAR REPORTED
ON SELF INSURER'S ANNUAL REPORT (Line 4, Page 2): . . . . $ 1,806,402.00

B. USER FUNDING ASSESSMENT FACTOR (Multiplier): x   .021993

C. USER FUNDING ASSESSMENT DUE: . . . . $ 39,728.20

II. DEPARTMENT OF INSURANCE FRAUD INVESTIGATION ASSESSMENT:

BASE YEAR ANNUAL REPORT: PUBLIC SECTOR: 2004

A. PAID INDEMNITY AMOUNT ON ALL CLAIMS IN BASE YEAR REPORTED
ON SELF INSURER'S ANNUAL REPORT (Line 4, Page 2): . . . . $ 1,806,402.00

B. FRAUD SURCHARGE FACTOR (Multiplier): x   .003662

C. FRAUD ASSESSMENT DUE: . . . . $ 6,615.04

III. LICENSE FEE ASSESSMENT:

A. BASE FEE: . . . . $ 0.00

(Section 15230, Title 8, California Code of Regulations)

TOTAL NUMBER OF CLAIMS ADJUSTING LOCATIONS: + $ 0.00

($300 for each additional claim adjusting location) $ 0.00

B. PER CAPITA CHARGE OF 25 CENTS FOR EACH EMPLOYEE

1. Number of Employees: 0.00

2. Per Capita Charge: x   .25

     $ 0.00

C. ANNUAL LICENSE FEE TOTAL: . . . . $ 0.00

IV. SUBSEQUENT INJURY BENEFITS TRUST FUND

A. PAID INDEMNITY AMOUNT ON ALL CLAIMS IN BASE YEAR REPORTED
ON SELF INSURER'S ANNUAL REPORT (Line 4, Page 2): . . . . $ 1,806,402.00

B. INJURY BENEFITS TRUST FUND FACTOR (Multiplier): x   .001099

C. INJURY BENEFITS TRUST FUND DUE: . . . . $ 1,985.24

V. UNINSURED EMPLOYER BENEFITS TRUST FUND

A. PAID INDEMNITY AMOUNT ON ALL CLAIMS IN BASE YEAR REPORTED
ON SELF INSURER'S ANNUAL REPORT (Line 4, Page 2): . . . . $ 1,806,402.00

B. EMPLOYER BENEFITS TRUST FUND FACTOR (Multiplier): x   .002696

C. EMPLOYER BENEFITS TRUST FUND DUE: . . . . . . $ 4,870.06

TOTAL ASSESSMENTS DUE (Line IC, IIC, IIIC, IVC, VC). . . . . . . $ 53,198.54

| **PAY THIS AMOUNT:** | **$ 53,198.54** |

PAYMENT DUE ON OR BEFORE: **January 14, 2005**

Payment Instructions:

A. Make check payable to: **Self-Insurance Plans**

B. Indicate invoice number on check.

C. Mail check and a copy of this invoice to address on letterhead